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Generations

Housing Choices for Seniors

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Housing Choices for Seniors

By Martha Nolan McKenzie

Finding decent and affordable housing is one of the most critical issues facing older Americans today. Although many seniors are staying in their own homes longer (or downsizing to smaller homes, townhouses or apartments), thousands will eventually need to move into a form of senior housing. And those numbers will only increase. The U.S. Census predicts that the number of people age 85 and older will grow 3 percent to 4 percent annually through the middle of this decade.

To accommodate the increasing demand for organized housing, a variety of options has sprung up in recent years — independent living, assisted living, skilled nursing care and continuing care communities. “The good news is there are a lot of choices out there in senior housing,” said Jim Bowe, spokesperson for Trinity Continuing Care Services, which is the senior housing arm of the nation’s largest Catholic hospital system, Trinity Health. “The bad news is people don’t understand what their choices are. Sorting out what kind of facility offers what kinds of services can be very confusing.”

Paying for the housing is another hurdle. Medicare doesn’t cover it. Medicaid pays only for nursing homes and home care services for eligible persons. And relatively few people have long term care insurance. “Most senior housing is paid for privately,” said David Schless, president of the American Seniors Housing Association (ASHA) in Washington, D.C. “And it can be quite expensive.”

There are three broad types of senior housing in Michigan — independent living, assisted living and nursing homes — which differ primarily according to the amount of assistance and care they provide for residents. Increasingly, all three types are being combined in a fourth option — continuing care retirement communities. Here’s a quick look at these housing choices:

■ **INDEPENDENT LIVING** Senior apartments and independent living communities fall under this heading, and

both target active seniors who can care for themselves independently. Senior-only apartments generally do not provide meals, but often offer community rooms, and some social activities. Independent living communities typically offer daily meals, housekeeping and personal emergency response in addition to social activities and transportation. Both are unregulated except by local authorities.

■ **ASSISTED LIVING** In Michigan, the term “assisted living” can refer to any of three types of housing — unlicensed assisted living, licensed homes for the aged and licensed adult foster care. Assisted living facilities and homes for the aged offer two or three meals a day, housekeeping, transportation and social activities. They may also provide, at extra cost, help with many tasks of daily living, such as getting dressed, bathing or taking medication. Adult foster care homes, which house from one to 20 residents, are much smaller than homes for the aged and their services vary widely. There are over 4,700 adult foster care homes in Michigan, and about 150 homes for the aged.

Since it’s not apparent by the name of the facility whether it is licensed or not, it’s important to ask. Or you can call the Michigan Department of Consumer and Industry Services at (517) 334-8408 (for homes for the aged) or (517) 373-8580 (for adult foster care homes).

“Unlicensed isn’t bad — many people do quite well in an unlicensed facility,” said Chris Kenzie, information and assistance supervisor at The Senior Alliance, Area Agency on Aging I-C, in Wayne. “The primary difference is in an unlicensed facility, you are in a tenant/landlord relationship. So if you have a problem or dispute, you can turn only to the operators of the facility or the court. In a licensed facility, there are state ombudsmen to handle complaints.”

■ **NURSING HOMES** Designed for individuals who cannot function on their own, nursing homes offer extensive skilled nursing care and assistance with activities of daily living. They are licensed by the state. There are about 450 nursing homes in Michigan housing some 50,000 residents.

■ **CONTINUING CARE RETIREMENT COMMUNITIES** Generally, CCRCs make independent living,

assisted living and skilled nursing facilities available all on one campus. The goal is to allow a resident to remain in the same location, even as his or her lifestyle preferences and health care needs change.

Knowing she could stay in one place even if she needed additional care was what sold Rachel McMaster on Presbyterian Village Redford, a continuing care facility in Redford Township, just outside of Detroit. The now 91-year-old woman was living with her daughter and son-in-law when her husband passed away in 2000. Since her daughter and son-in-law both worked, and their children had left home, McMaster was alone during the day.

“I didn’t want to be alone,” said McMaster. “I talked to my doctor and he recommended some facilities. The main reason I liked Presbyterian Village was it wasn’t only assisted living. It has a nursing home too. That way I could stay here and not have to move if I needed the nursing home.”

Indeed, Presbyterian Village Redford also has independent living duplexes and senior apartments. Many residents, like McMaster, are attracted by the range of services offered.

“Once you come here, you don’t have to keep making a lot of decisions about housing and care,” said Mariellen Sutton, executive director of the community. “You’ve made an all-encompassing decision. A lot of our residents see this as a gift to their children. Many of them have been caught in the sandwich generation, and they don’t want to saddle their children with that. They want to make those choices now and spare their children from having to make them later.”

CCRCs often have a unit for Alzheimer’s care. Amber Way, for example, is a 20-room Alzheimer’s facility that is part of a nonprofit CCRC called The Heritage Community in Kalamazoo. Security is the main concern of family members considering Amber Way for their loved one. With alarmed doors and a tall fence surrounding the grounds, the facility is designed so its residents can’t wander off and get lost. But the staff is just



Senior living around Michigan.





as concerned about making the residents feel valued and useful.

"Caregivers sit with residents at meal times to talk and listen to them," said Sandy DeKilder, marketing director for the community. "Residents can attend staff meetings. And anything they mention that they might have done in the past, we try to do here, whether it's cooking, dressing dolls, waxing cars. It can help jog their memory and make them feel there are still things they can do."

As daunting as it can be to evaluate and select the most appropriate facility for yourself or your loved one, paying for it can present an even greater challenge. Independent living and assisted living facilities generally do not accept Medicaid or SSI (Supplemental Security Income), and there is no Medicare assisted living benefit. Few seniors have long term care insurance.

"The biggest shock for most people is the cost of senior housing — which can be several thousand dollars a month — and the fact that it's private pay," said Pat MacKinnon, assisted living specialist for Citizens for Better Care, a Michigan non-profit education and advocacy organization. "The cost puts it out of the range of many seniors."

Often, the senior has lived in his or her house for decades and owns it free and clear. The house is then sold and the older adult invests the proceeds and uses the return, along with other income, such as Social Security or investments, to pay for senior housing. But if the money runs out, he or she may be forced to leave the facility. And for seniors who don't own their homes, the challenge can be even greater.

Limited government assistance is available for residents who meet strict eligibility standards — generally very low income, disabled or mentally ill. For example, the government sets aside money to build affordable apartment complexes for very low income seniors and helps subsidize their rents. Michigan also has a Medicaid waiver program called "MI Choice," which allows Medicaid money to be applied towards receiving long term care services in the home.

Senior Resources (AAA Region 14) in Muskegon Heights helped Steve Martin take advantage of both programs. At 18, Martin was in a car accident that eventually cost him

both legs. He lived — unhappily — in various nursing homes since then. But two years ago Waldo Kauffman, social work supervisor at Senior Resources talked to Martin about the possibility of moving out of the nursing home and into his own apartment.

Kauffman found Martin a subsidized apartment in Muskegon and arranged for twice daily visits from a nurse and meal delivery, both of which are paid for through the MI Choice Medicaid waiver. Martin, now 49, is much happier these days.

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"I love it out here," said Martin. "I've got much more freedom. I go to bed when I want to, not when someone tells me to. I eat when I want to. I've got a motorized wheelchair, so I'll go to K-mart on my own, and I spend a lot of time visiting with other people in the apartment building. This is the first time I've lived by myself since I was hurt, but I'm doing well."

The programs worked well for Martin, but the waiting lists for subsidized housing and MI Choice Medicaid waivers are long and eligibility requirements are strict, according to David Kimball, director of housing and assisted living services for the Michigan Association of Homes and Services for the Aging (MASHA). "The HUD subsidized housing is only for very low and extremely low income seniors," said Kimball. "The waiting list for vouchers in most jurisdictions is quite lengthy. Affordability of housing is the single biggest concern we see right now."

The greater a senior's ability to pay privately for senior housing, the greater the

options available to them. "We know a high percentage of seniors will have some long term care need," said Schless. "The more able you are to pay privately, the more choices and the better the quality will be available to you."

Just as they have transformed the national landscape at every stage along the way, Baby Boomers are set to reshape senior housing to fit their unique needs and demands in the years ahead.

Already, facilities are beginning to feel the "Boomer" influence.

"We are definitely noticing a change in the interests of the younger seniors coming in," said Robert W. Gillette, vice president of American House, which operates 30 assisted living and continuing care facilities in southeast Michigan. "These seniors are interested in physical fitness, travel, technology and computers. They want more and larger rooms — we're seeing more demand for two-bedroom, two-bath units. And they want to decide what sorts of things are offered. So we don't have regimented activities and programs — we arrange things to follow their wishes."

American House is not alone. In Bay City, Colonnades Assisted Living opened last year prepared for vibrant seniors. It boasts an exercise room with a treadmill, stair stepper, stationary bike and light weights. Residents can reserve a large private

dining room for private family gatherings, and every room is equipped for computer access.

"Our residents want to remain independent and active, and we try to do everything we can to make sure they can," said Sherry Wachowski, director of the center.

The next couple of decades will see increasing demand by boomers. "The generation currently using assisted living is from the depression era," said Bowe of Trinity Health. "Their expectations and priorities are very different from the boomers. They don't want to see their money wasted, and they are looking for value, not posh environments."

"Boomers, on the other hand, are going to demand service. And we're going to see senior housing taking niche positions — some might emphasize fitness, others technology, still others continued learning. Around 2015 to 2020 it will really take off, as boomers flood into the senior housing market." **MI**

For a list of questions to ask when visiting a senior facility, turn to page 20.

MI Choice Helps Make a Dream Come True

Dick Desotell II's father had been living in a nursing home since he suffered a stroke in 1995, yet he still cried and mouthed, "Go home!" every time his son came to visit. "He was very, very unhappy there, and although he knew he couldn't go back to the home where he had lived, he wanted out of the nursing home and back to his hometown," said Desotell, whose father is also named Dick Desotell.

On August 2, his father's wish came true. He moved from the nursing home in Lapeer to an assisted living facility in Rochester Hills, three miles from the house in which he grew up. When the senior Desotell was wheeled into his new room he cried again, but this time it was for happiness.

Desotell's good fortune came thanks to an innovative program by the Area Agency on Aging I-B and American House, an operator of assisted living and continuing care facilities in southeast Michigan. "It's a joint project to pilot a way to make assisted living more affordable and accessible," said Jim McGuire, director of planning and advocacy for AAA I-B. "It is being called the Michigan model."

The project combines a state Medicaid waiver program (called MI Choice), which allows people who qualify for Medicaid to receive supportive care services in their home, and HUD section 8 rental assistance voucher, which subsidizes rent for low income seniors.

"There are a lot of seniors in nursing homes who don't need that level of care, but they are there because it's the only thing Medicaid will pay for," said Robert W. Gillette, vice president of American House. "The idea is to take these seniors and put them in a more

appropriate, home-like and less-expensive setting. So we can move a senior to an American House and use the MI Choice waiver to pay for the resident's meals, housekeeping and services. The section 8 HUD voucher can be used to help subsidize the rent portion of the fee."

Desotell is one of the 54 seniors who have been helped by this program. When he had his stroke, the older Desotell, now 64, had been laid off from his construction job and had no health insurance. "I had to liquidate all his assets to get him on Medicaid, and Medicaid would only pay for a nursing home," said the younger Desotell. "Then the AAA told us about this new program. Now we pay American House \$900 a month, which comes out of his \$1,074 Social Security check. Pop is left with an extra \$100 or so to spend on things and different agencies take care of the rest."

The move has made a world of difference. In the nursing home, Desotell's father shared a room with two other men. The only furnishings were three single beds and three night stands. Now he has his own living space, with a bedroom, living room, kitchenette and bathroom. He can come and go as he pleases, yet he has all the help he needs.

Experts laud the AAA I-B/American House project. "It is definitely a unique program, and it's addressing one of the real unmet needs nationally," said ASHA president David Schless. "I think it's a national role model in terms of trying to provide housing and services for those who don't need to be in skilled nursing facilities but require supportive care services." **MI**